

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	19A	70891	8/2/00
O.I.P.E. CLASSIFIER		49	8/6/00
FORMALITY REVIEW	CM	71632	9/21/00
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/15/03
2	6/25/04
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4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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